



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

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Governor

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Commissioner

TO: Administrators of Assisted Living Residences and
Comprehensive Personal Care Homes

FROM: Barbara Goldman, R.N., J.D.
Assistant Director
Certificate of Need and Healthcare Facility Licensure

Andrew D. Benesch
Health Data Specialist 1

DATE: March, 2008

SUBJECT: Implementation of N.J.A.C. 8.36-5.4 (a)
Assisted Living Resident Profile Survey
Calendar Year 2007

Attached is information necessary for you to complete the Assisted Living Resident Profile Survey (RPS) for calendar year 2007.

In all cases, a nursing executive/wellness nurse should complete Item 2 (In-House Resident Profile Report) of the survey as per the enclosed instructions.

In all cases, the completed survey must be submitted to this office no later than May 1, 2008. Be advised that the submission of the survey data is mandatory, in accordance with N.J.A.C. 8:36-5.4(a), and failure to comply may result in enforcement action. Any requests for extensions beyond May 1 must be submitted in writing. These will be reviewed on a case-by-case basis. If you fail to return the survey or contact our office by May 1, your facility may be subject to a fine of \$50 per day till the RPS is submitted.

A hard copy of this package (forms, instructions, and cover memo) has been mailed to you. The survey forms and instructions will be available for reference on the Industry News web page by the end of March:

<http://www.state.nj.us/health/healthfacilities/industrynews.shtml>

If you have any questions, you may contact Mr. Benesch at the above-referenced email address or telephone number.

Data collection for the 2006 RPS is nearing completion. A report containing the results of assisted living surveys for 2006 (including the RPS) will be mailed to each assisted living residence (ALR) and comprehensive personal care home (CPCH) in New Jersey at a later date. We hope that you will find the information contained in this report to be both useful and informative.

It will be our continued pleasure to distribute copies of the results of this survey. Thank you.

***New Jersey Department of Health and Senior Services
Division of Health Facilities Evaluation and Licensing***

***INSTRUCTIONS AND DEFINITIONS FOR COMPLETION OF
2007 ASSISTED LIVING RESIDENT PROFILE SURVEY***

PLEASE NOTE:

- Submit completed survey via email attachment by May 1, 2008.
- If your facility does not have the capability to submit the survey electronically, contact us promptly.
- Submit current data for Item 1 (Facility Profile).
- For Item 2A (In-house Resident Profile For Non-Respite Residents), submit data **ONLY** for residents who were in the facility **ON** December 31, 2007 and **include** residents who were away from the facility on brief home visits on December 31, 2007.
- For Item 2B (In-house Resident Profile For Respite Residents), submit data for all respite residents that were in the facility **at any time** during calendar year 2007.
- For Items 3A (Discharged Resident Profile for Non-Respite Residents) and 3B (Discharged Resident Profile For Respite Residents), submit data for all residents who were discharged during the calendar year 2007.
- **Do not include respite care residents** [stays of 30 days or less for the purpose of providing relief to the resident's primary caregiver(s)] in Items 2A and 3A. These residents should be listed in items 2B and 3B.
- **Use an identifier, NOT resident name in Items 2A, 2B, 3A and 3B** (Assign a number beginning with 1,2,3... and ending with the last resident).
- **Items 3A and 3B represent those residents discharged during Calendar Year 2007** regardless of their admission date. **DO NOT** include residents discharged during 2007.
- A nursing executive / wellness nurse should complete Item 2A and 2B.

Item 1 – Facility Profile *(A-E should be as they appear on the facility license)*

Column 1 - License number as it appears on license

Column 2 - Facility name as it appears on license

Column 3 - Facility street address

Column 4 - Name of city in which facility is located

Column 5 - Facility Zip Code

Column 6 - County in which facility is located

Column 7 - Telephone number

Column 8 - FAX number

Column 9 - E-mail address (*List the E-mail address for the facility. If this is not available, leave blank*)

Column 10 - Administrator Name

Column 11 - Type of Credential held by Administrator (LNHA, CALA , or both)

Column 12 – Preference for future transmission of survey forms (Electronic, hard copy, or both)

Item 2A – In-house Resident Profile (Data for Residents in the Facility on

12/31/2007 or away on a home visit of 30 days or less)

DO NOT INCLUDE RESPITE RESIDENTS

Use the same set of residents in Columns 1-22

Column 1 - Resident Identification Number – To ensure confidentiality, you must use a generic identifier such as 1,2,3,4...for each resident. **DO NOT** use resident name

Column 2 – Resident Gender (F or M)

Column 3 – Resident Medicaid Status - Enter “Y” if the resident is covered by Medicaid on **12/31/2007**, otherwise enter “N”

Column 4 - Resident Date of Birth (mm/dd/yyyy)

Column 5 - Resident Date of Admission - *An admission is defined as each instance in which a new resident agreement between the facility and the resident is put into effect. **(Exclude residents who were admitted for respite care)***

In columns 6-12, put an "x" to indicate source of admission

Column 6 - Admission from Home - Admission to the facility directly from a resident’s home. (This category includes friend(s), relative(s), Alternate Family Care (AFC), boarding home(s), as well as the resident’s own home)

Column 7 - Admission from a Nursing Home - Admission to the facility directly from a nursing home

Column 8 - Admission from a Subacute Care Unit - Admission to the facility directly from a subacute care unit (This category includes all subacute settings – e.g. hospital-based, LTC-based)

Column 9 - Admission from an Assisted Living Residence/Comprehensive Personal Care Home – Admission to the facility directly from a different ALR/CPCH

Column 10 - Admission from a Residential Health Care Facility – Admission to the facility directly from a RHCF

Column 11 - Admission from an Acute Care Hospital - Admission to the facility directly from an Acute Care Hospital (Exclude hospitalizations in which the resident agreement remains in effect)

Column 12 – Admission - Other – Admission to the facility directly from places that do not meet any of the criteria described in columns 6-11, including, but not limited to prison(s), psychiatric institution(s), and homeless shelter(s)

*In columns 13-21, enter one of the following codes to identify the resident's need for assistance with ADLs, Medication Administration, or Cognitive Skills. **DO NOT** put check marks or any numbers besides 0, 1, or 2.*

- 0 – INDEPENDENT - Resident needs no assistance in performing the activity*
- 1 – LIMITED - Resident needs some assistance in performing the activity*
- 2 – TOTAL - Resident is totally dependent upon others for the activity*

Column 13 – Dressing – How the resident dresses and undresses

Column 14 – Bathing – How the resident takes full-body bath/shower or sponge bath

Column 15 – Toilet Use – How the resident uses the toilet, including transferring on/off toilet

Column 16 – Transfer – How the resident moves to and between surfaces – to/from bed, chair, wheelchair, standing position (Excludes to/from bath/toilet)

Column 17 – Locomotion – How the resident uses walkers, canes, or other assistive devices

Column 18 – Bed Mobility – How the resident moves in bed, including to and from lying position, turning side to side, and positioning body while in bed

Column 19 – Eating – How the resident eats, including tasks such as cutting food, or other assistance at mealtime

Column 20 – Medication Administration Status – The extent to which the resident needs assistance with taking medications

Column 21 – Cognitive Skills – The extent to which the resident needs assistance with mental tasks such as locating residential unit and remembering appointments

Column 22 – Healthy Spouse - Put an “x” if the resident is in the facility **solely** for the purpose of providing care to a spouse

Item 2B – In-house Resident Profile for Respite Residents (Data on date of admission for all Respite Residents in the facility during calendar year 2007)

INCLUDE RESPITE RESIDENTS ONLY

Use the same set of residents in Columns 1-21

Column 1 – Resident Identification Number – To ensure confidentiality, you must use a generic identifier such as 1,2,3,4...for each resident. **DO NOT** use resident name

Column 2 – Resident Gender (F or M)

Column 3 – Resident Medicaid Status - Enter “Y” if the resident is covered by Medicaid on **date of admission**, otherwise enter “N”

Column 4 – Resident Date of Birth (mm/dd/yyyy)

Column 5 – Resident Date of Respite Admission - *An admission is defined as each instance in which a new resident agreement between the facility and the resident is put into effect*

In columns 6-12, put an "x" to indicate source of admission

Column 6 – Admission from Home - Admission to the facility directly from a resident's home. (This category includes friend(s), relative(s), Alternate Family Care (AFC), boarding home(s), as well as the resident's own home)

Column 7 – Admission from a Nursing Home - Admission to the facility directly from a nursing home

Column 8 – Admission from a Subacute Care Unit – Admission to the facility directly from a subacute care unit (This category includes all subacute settings – e.g. hospital-based, LTC-based)

Column 9 – Admission from an Assisted Living Residence/Comprehensive Personal Care Home – Admission to the facility directly from a different ALR/CPCH

Column 10 – Admission from a Residential Health Care Facility – Admission to the facility directly from a RHCF

Column 11 – Admission from an Acute Care Hospital - Admission to the facility directly from an Acute Care Hospital (Exclude hospitalizations in which the resident agreement remains in effect)

Column 12 – Admission - Other – Admission to the facility directly from places that do not meet any of the criteria described in columns 6-11, including, but not limited to prison(s), psychiatric institution(s), and homeless shelter(s)

*In columns 13-21, enter one of the following codes to identify the resident's need for assistance with ADLs, Medication Administration, or Cognitive Skills. **DO NOT** put check marks or any numbers besides 0, 1, or 2.*

Based on resident's status on date of admission.

0 – INDEPENDENT	–	Resident needs no assistance in performing the activity
1 – LIMITED	–	Resident needs some assistance in performing the activity
2 – TOTAL	–	Resident is totally dependent upon others for the activity

Column 13 – Dressing – How the resident dresses and undresses

Column 14 – Bathing – How the resident takes full-body bath/shower or sponge bath

Column 15 – Toilet Use – How the resident uses the toilet, including transferring on/off toilet

Column 16 – Transfer – How the resident moves to and between surfaces – to/from bed, chair, wheelchair, standing position (Excludes to/from bath/toilet)

Column 17 – Locomotion – How the resident uses walkers, canes, or other assistive devices

Column 18 – Bed Mobility – How the resident moves in bed, including to and from lying position, turning side to side, and positioning body while in bed

Column 19 – Eating – How the resident eats, including tasks such as cutting food, or other assistance at mealtime

Column 20 – Medication Administration Status – The extent to which the resident needs assistance with taking medications

Column 21 – Cognitive Skills – The extent to which the resident needs assistance with mental tasks such as locating residential unit and remembering appointments

Item 3A – Discharged Resident Profile Report (Data for Residents Discharged During Calendar Year 2007)

Column 1 – Resident Count – To ensure confidentiality, you must use a generic identifier such as 1,2,3,4...for each resident. **DO NOT** use resident name

Column 2 – Resident Date of Admission - *An admission is defined as each instance in which a new resident agreement between the facility and the resident is put into effect. (Exclude residents who were admitted for respite care)*

*In columns 3-9, put an "x" to indicate source of admission for all residents **discharged during calendar year 2007, regardless of their date of admission***

Column 3 – Admission from Home - Admission to the facility directly from a resident's home (This category includes friend(s), relative(s), Alternate Family Care (AFC), boarding home(s), as well as the resident's own home)

Column 4 – Admission from a Nursing Home - Admission to the facility directly from a nursing home

Column 5 – Admission from a Subacute Care Unit – Admission to the facility directly from a subacute care unit (This category includes all subacute settings – e.g. hospital-based, LTC-based)

Column 6 – Admission from an Assisted Living Residence/Comprehensive Personal Care Home – Admission to the facility directly from a different ALR/CPCH

Column 7 – Admission from a Residential Health Care Facility – Admission to the facility directly from a RHCF

Column 8 – Admission from an Acute Care Hospital – Admission to the facility directly from an Acute Care Hospital (Exclude hospitalizations in which the resident agreement remains in effect)

Column 9 – Admission – Other – Admission to the facility directly from places that do not meet any of the criteria described in columns 3-8, including, but not limited to prison(s), psychiatric institution(s), and homeless shelter(s)

Column 10 – Resident Date of Discharge - *A discharge is defined as each instance in which an existing resident agreement between the facility and the resident is terminated. (Exclude residents who were discharged following admission for respite care)*

In columns 11-18, put an "x" to indicate discharge disposition

Column 11 – Discharge to Home - Discharged from facility to resident's home and the resident agreement was terminated. (This category includes friend(s), relative(s), Alternate Family Care (AFC), boarding home(s), as well as the resident's own home)

Column 12 – Discharge to Nursing Home – Discharged from facility to nursing home and the resident agreement was terminated

Column 13 – Discharge to a Subacute Care Unit – Discharged from facility to subacute units and the resident agreement was terminated (This category includes all subacute settings – e.g. hospital-based, LTC-based)

Column 14 – Discharge to other Assisted Living Residence/Comprehensive Personal Care Home – Discharged to a different ALR/CPOCH and the resident agreement was terminated

Column 15 – Discharge to Residential Health Care Facility – Discharged from facility to RHCF and the resident agreement was terminated

Column 16 – Discharge to Hospital -The resident agreement was terminated during a resident's hospital stay. (This category includes, but is not limited to deaths occurring during a resident's hospital stay as well as instances in which it is determined that the resident has become too ill to return to the facility)

Column 17 – Death – Includes deaths that occur while a resident agreement is in effect

Column 18 – Discharge – Other – Discharged to places that do not meet any of the criteria described in columns 10-15 and the resident agreement was terminated. (This category includes unknown destinations, e.g., when the resident's family arranges the discharge but does not inform the facility where the resident is going, as well as facilities such as psychiatric institutions)

Column 19 – Reason for Discharge – Indicate the reason that the resident was discharged using the following codes:

1 – Higher Level of Care 2 – Lower Level of Care 3 – Financial 4 – Death 5 – Other

Item 3B – Discharged Resident Profile Report (Data for Respite Residents Discharged During Calendar Year 2007)
INCLUDE RESPITE RESIDENTS ONLY

Column 1 – Resident Count – To ensure confidentiality, you must use a generic identifier such as 1,2,3,4...for each resident. **DO NOT** use resident name

Column 2 – Resident Date of Admission – *An admission is defined as each instance in which a new resident agreement between the facility and the resident is put into effect.*

*In columns 3-9, put an "x" to indicate source of admission for all residents **discharged during calendar year 2007, regardless of their date of admission***

Column 3 – Admission from Home – Admission to the facility directly from a resident's home (This category includes friend(s), relative(s), Alternate Family Care (AFC), boarding home(s), as well as the resident's own home)

Column 4 – Admission from a Nursing Home – Admission to the facility directly from a nursing home

Column 5 – Admission from a Subacute Care Unit – Admission to the facility directly from a subacute care unit (This category includes all subacute settings – e.g. hospital-based, LTC-based)

Column 6 – Admission from an Assisted Living Residence/Comprehensive Personal Care Home – Admission to the facility directly from a different ALR/CPCH

Column 7 – Admission from a Residential Health Care Facility – Admission to the facility directly from a RHCF

Column 8 – Admission from an Acute Care Hospital – Admission to the facility directly from an Acute Care Hospital (Exclude hospitalizations in which the resident agreement remains in effect)

Column 9 – Admission – Other – Admission to the facility directly from places that do not meet any of the criteria described in columns 3-8, including, but not limited to prison(s), psychiatric institution(s), and homeless shelter(s)

Column 10 – Resident Date of Discharge – *A discharge is defined as each instance in which an existing resident agreement between the facility and the resident is terminated. (Exclude residents who were discharged following admission for respite care)*

In columns 11-18, put an "x" to indicate discharge disposition

Column 11 – Discharge to Home – Discharged from facility to resident's home and the resident agreement was terminated. (This category includes friend(s), relative(s), Alternate Family Care (AFC), boarding home(s), as well as the resident's own home)

Column 12 – Discharge to Nursing Home – Discharged from facility to nursing home and the resident agreement was terminated

Column 13 – Discharge to a Subacute Care Unit – Discharged from facility to subacute units and the resident agreement was terminated (This category includes all subacute settings – e.g. hospital-based, LTC-based)

Column 14 – Discharge to other Assisted Living Residence/Comprehensive Personal Care Home – Discharged to a different ALR/CPCH and the resident agreement was terminated

Column 15 - Discharge to Residential Health Care Facility – Discharged from facility to RHCF and the resident agreement was terminated

Column 16 – Discharge to Hospital –The resident agreement was terminated during a resident’s hospital stay. (This category includes, but is not limited to deaths occurring during a resident’s hospital stay as well as instances in which it is determined that the resident has become too ill to return to the facility)

Column 17 – Death – Includes deaths that occur while a resident agreement is in effect

Column 18 – Converted to Regular Residents – Includes residents initially admitted as respite residents for whom a regular residence agreement is promulgated in the same facility.

Column 19 – Discharge – Other – Discharged to places that do not meet any of the criteria described in columns 10-15 and the resident agreement was terminated. (This category includes unknown destinations, e.g., when the resident’s family arranges the discharge but does not inform the facility where the resident is going, as well as facilities such as psychiatric institutions)

Column 20 – Reason for Discharge – Indicate the reason that the resident was discharged using the following codes:

1 – Higher Level of Care 2 – Lower Level of Care 3 – Financial 4 – Death 5 – Conversion 6 – Other

Mailing address for return of survey (if unable to submit electronically):

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CN and Healthcare Facility Licensure
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